

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 812712

Entity Name: AUTONETICS, INC.

FILED
Oct 16, 2006
Secretary of State

Current Principal Place of Business:

100 N. RIVERSIDE
MC 5003-4027
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

100 N. RIVERSIDE
MC 5003-4027
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 95-2417477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAURA R DUNLAP

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZRUST, JAMES
Address: 100 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

Title: S () Delete
Name: JOHNSON, JAMES
Address: 100 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

Title: T () Delete
Name: KINSHERFF, R. PAUL
Address: 100 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

Title: AS () Delete
Name: GEIKEN, GARY A
Address: 100 N. RIVERSIDE PLZ.
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GEIKEN

AS

10/16/2006

Electronic Signature of Signing Officer or Director

Date